

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Charles Shaw
20 North 2nd Avenue
Coatesville PA 19320

(b) County of Residence of First Listed Plaintiff Chester
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)
Pro Se

DEFENDANTS

Sofia Barroso, -
ChesPenn Health Services
744 East Lincoln Highway
Coatesville PA 19320

County of Residence of First Listed Defendant Chester
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

John T. Crutchlow, AUSA

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
☒ 2 U.S. Government Defendant
☐ 3 Federal Question (U.S. Government Not a Party)
☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|----------------------------|----------------------------|---|----------------------------|----------------------------|
| Citizen of This State | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excludes Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input checked="" type="checkbox"/> 362 Personal Injury - Medical Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Management Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Employee Retirement Income Security Act IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities Employment <input type="checkbox"/> 446 Amer. w/Disabilities Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS Habeas Corpus: <input type="checkbox"/> 463 Alien Detainee <input type="checkbox"/> 510 Motions to Vacate Sentence <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty Other: <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement			

V. ORIGIN (Place an "X" in One Box Only)

- ☐ 1 Original Proceeding
☒ 2 Removed from State Court
☐ 3 Remanded from Appellate Court
☐ 4 Reinstated or Reopened
☐ 5 Transferred from Another District (specify)
☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):
28 USC §1441, 1446(d) and 2679(d)

Brief description of cause:
Removal to EDPa

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER RULE 23, F.R.Cv.P.

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) IF ANY

(See instructions):

JUDGE

DOCKET NUMBER

DEC 18 2015

DATE

12/18/2015

SIGNATURE OF ATTORNEY OF RECORD

FOR OFFICE USE ONLY

RECEIPT # _____ AMOUNT _____ APPLYING IFP _____ JUDGE _____ MAG. JUDGE _____

TJS

UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF PENNSYLVANIA — DESIGNATION FORM to be used by counsel to indicate the category of the case for the purpose of assignment to appropriate calendar.

Address of Plaintiff: 20 North 2nd Avenue Coatesville, PA 19320

Address of Defendant: 615 Chestnut St. #1250 Philadelphia, PA

Place of Accident, Incident or Transaction: 444 East Lincoln Highway Coatesville, PA 19320

(Use Reverse Side For Additional Space)

Does this civil action involve a nongovernmental corporate party with any parent corporation and any publicly held corporation owning 10% or more of its stock?

(Attach two copies of the Disclosure Statement Form in accordance with Fed.R.Civ.P. 7.1(a))

Yes ☐

No ☒

Does this case involve multidistrict litigation possibilities?

Yes ☐

No ☒

RELATED CASE, IF ANY:

Case Number: Judge Date Terminated:

Civil cases are deemed related when yes is answered to any of the following questions:

1. Is this case related to property included in an earlier numbered suit pending or within one year previously terminated action in this court?

Yes ☐

No ☒

2. Does this case involve the same issue of fact or grow out of the same transaction as a prior suit pending or within one year previously terminated action in this court?

Yes ☐

No ☒

3. Does this case involve the validity or infringement of a patent already in suit or any earlier numbered case pending or within one year previously terminated action in this court?

Yes ☐

No ☒

4. Is this case a second or successive habeas corpus, social security appeal, or pro se civil rights case filed by the same individual?

Yes ☐

No ☒

CIVIL: (Place ☒ in ONE CATEGORY ONLY)

A. Federal Question Cases:

1. ☐ Indemnity Contract, Marine Contract, and All Other Contracts
2. ☐ FELA
3. ☐ Jones Act-Personal Injury
4. ☐ Antitrust
5. ☐ Patent
6. ☐ Labor-Management Relations
7. ☐ Civil Rights
8. ☐ Habeas Corpus
9. ☐ Securities Act(s) Cases
10. ☐ Social Security Review Cases
11. ☒ All other Federal Question Cases
(Please specify)

B. Diversity Jurisdiction Cases:

1. ☐ Insurance Contract and Other Contracts
2. ☐ Airplane Personal Injury
3. ☐ Assault, Defamation
4. ☐ Marine Personal Injury
5. ☐ Motor Vehicle Personal Injury
6. ☐ Other Personal Injury (Please specify)
7. ☐ Products Liability
8. ☐ Products Liability — Asbestos
9. ☐ All other Diversity Cases

(Please specify)

ARBITRATION CERTIFICATION

(Check Appropriate Category)

I, _____, counsel of record do hereby certify:

- ☐ Pursuant to Local Civil Rule 53.2, Section 3(c)(2), that to the best of my knowledge and belief, the damages recoverable in this civil action case exceed the sum of \$150,000.00 exclusive of interest and costs;
- ☐ Relief other than monetary damages is sought.

DATE: _____

Attorney-at-Law

Attorney I.D.#

NOTE: A trial de novo will be a trial by jury only if there has been compliance with F.R.C.P. 38.

DEC 18 2015

I certify that, to my knowledge, the within case is not related to any case now pending or within one year previously terminated action in this court except as noted above.

DATE: _____

Attorney-at-Law

John T. Crutchlow, AUSA

Attorney I.D.#

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CASE MANAGEMENT TRACK DESIGNATION FORM

Charles Shaw

v.

CIVIL ACTION

Sofia Barroso, DMD
ChesPenn Health Svc.NO. **15** **6690**

In accordance with the Civil Justice Expense and Delay Reduction Plan of this court, counsel for plaintiff shall complete a Case Management Track Designation Form in all civil cases at the time of filing the complaint and serve a copy on all defendants. (See § 1:03 of the plan set forth on the reverse side of this form.) In the event that a defendant does not agree with the plaintiff regarding said designation, that defendant shall, with its first appearance, submit to the clerk of court and serve on the plaintiff and all other parties, a Case Management Track Designation Form specifying the track to which that defendant believes the case should be assigned.

SELECT ONE OF THE FOLLOWING CASE MANAGEMENT TRACKS:

- (a) Habeas Corpus – Cases brought under 28 U.S.C. § 2241 through § 2255. ()
- (b) Social Security – Cases requesting review of a decision of the Secretary of Health and Human Services denying plaintiff Social Security Benefits. ()
- (c) Arbitration – Cases required to be designated for arbitration under Local Civil Rule 53.2. ()
- (d) Asbestos – Cases involving claims for personal injury or property damage from exposure to asbestos. ()
- (e) Special Management – Cases that do not fall into tracks (a) through (d) that are commonly referred to as complex and that need special or intense management by the court. (See reverse side of this form for a detailed explanation of special management cases.) ()
- (f) Standard Management – Cases that do not fall into any one of the other tracks. (X)

December 18, 2015
Date

John T. Crutchlow
Attorney-at-law AUSA

Sofia Barroso, DMD
ChesPenn Health Services
Attorney for

215-861-8622

215-861-8618

john.crutchlow@usdoj.gov

Telephone

FAX Number

E-Mail Address

TJS

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CHARLES SHAW,

Plaintiff,

v.

SOFIA BARROSO,

Defendant.

:
:
:
:
:
:
:
:
:

CIVIL ACTION NO.

15 6690

NOTICE OF REMOVAL

Pursuant to 42 U.S.C. § 233, the United States of America, on behalf of the above-named federal defendant, Sophia Barroso, removes this action to the United States District Court for the Eastern District of Pennsylvania. In support thereof, the United States avers as follows:

1. On or about September 11, 2015, plaintiff filed a *pro se* Complaint in the Magisterial District Court for Chester County, Pennsylvania. The complaint was assigned the docket number MJ-15103-CV-0000063-2015. *See* Notice to Defend, attached as Exhibit 2.
2. Plaintiff's Complaint was then reassigned from to Magisterial District Judge Gregory V. Hines to Magisterial District Judge Jeffrey J. Valocchi. *See* Exhibit 3 (transfer order). The case was reassigned the Magisterial District Court Docket Number MJ-15402-CV-0000298-2015. *See* Exhibit 4 (Notice of Civil Action Hearing).
3. Plaintiff's complaint alleges that the defendant, Sophia Barroso, D.M.D., provided negligent dental care.
4. At all relevant times, Sophia Barroso has been an employee of ChesPenn Family Health Center. See Exhibit 5 (Certification of Scope of Employment). By operation of the Federally Supported Health Centers Assistance Act, 42 U.S.C. § 233(c), ChesPenn Family Health Center is a deemed federal entity.

5. By operation of the Federally Supported Health Centers Assistance Act, 42 U.S.C. § 233(c), Sophia Barroso is a deemed federal employee of the United States.

Accordingly, Sophia Barroso is covered by the Federal Tort Claims Act.

6. Actions brought under the Federal Tort Claims Act may only be brought in Federal District Court. 28 U.S.C. § 1346. Therefore, this action must be removed to Federal District Court.

7. No bond is required to accompany this notice because it is being filed on behalf of the United States. 42 U.S.C. § 233(c).


8. A certified copy of this Notice of Removal is being filed in the Magisterial District Court for Chester County, Pennsylvania, and is being sent to all other parties.


9. Removal of this action is timely pursuant to 42 U.S.C. § 233(c), which provides that a civil action of this nature shall be removed at any time before trial.

WHEREFORE, the United States hereby submits notice of removal of this action.

Respectfully submitted,

ZANE DAVID MEMEGER
United States Attorney


MARGARET L. HUTCHINSON
Assistant United States Attorney
Chief, Civil Division


JOHN T. CRUTCHLOW
Assistant United States Attorney
615 Chestnut Street, Suite 1250
Philadelphia, PA 19106-4476
Phone: (215) 861-8786
Fax: (215) 861-8618
John.Crutchlow@usdoj.gov
Attorney for United States of America

Dated: December 18, 2015

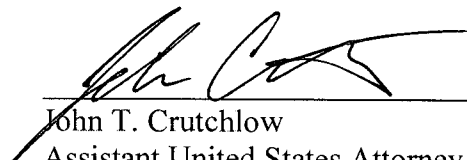
CERTIFICATE OF SERVICE

I hereby certify that on this 18th day of December, 2015, I served a true and correct copy of the foregoing Notice of Removal by First-class mail, postage prepaid, on the following persons addressed as follows:

Magisterial District Judge Jeffrey J. Valocchi
Magisterial District Court
256 East Lincoln Highway
Coatesville, PA 19320

Charles Shaw
20 North 2nd Avenue
Coatesville, PA 19320

Robert A. Auclair, Esq.
200 N. Jackson Street
Media, PA 19063-2807



John T. Crutchlow
Assistant United States Attorney

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER



Civil Complaint

2159907537

Mag. Dist. No: MDJ-15-1-03
MDJ Name: Honorable Gregory V. Hines
Address: 258 East Lincoln Highway
Coatesville, PA 19320
Telephone: 610-384-3159

PLAINTIFF: NAME and ADDRESS

CHARLES SHAW
90 North 2nd Ave
Coatesville PA 19320 #311

DEFENDANT: vs. NAME and ADDRESS

SOFIA BARROSO 610383388
c/o Chess Penn
744 E Lincoln Hwy. Coatesville, PA

Docket No: CV-63-15 19320

Case Filed: 9/11/15

Social Security Numbers and financial information (e.g. PINs) should not be listed. If the identity of an account number must be established, list only the last four digits. 204 Pa.Code §§ 213.1 - 213.7.

	AMOUNT	DATE PAID
FILING COSTS	\$ 120.00	1 1
POSTAGE	\$ 11.96	1 1
SERVICE COSTS	\$	1 1
CONSTABLE ED.	\$	1 1
TOTAL	\$ 131.96	9 11 15

Pa.R.C.P.M.D.J. No. 206 sets forth those costs recoverable by the prevailing party.

To The Defendant: The above named plaintiff(s) asks judgment against you for \$ 4,000.00 together with costs upon the following claim (Civil fines must include citation of the statute or ordinance violated):

I MAINTAIN THAT MRS BARROSO MALICIOUSLY
DRILLED AND FILED A TOOTH THAT X RAYS SHOW
NOT TO HAVE HAD A CAVITY OR WAS IN ANY WAY
HARMFUL.

CHARLES SHAW

verify that the facts set forth in this complaint are true and correct to the best of my knowledge, information, and belief. This statement is made subject to the penalties of Section 4904 of the Crimes Code (18 PA. C.S. § 4904) related to unsworn falsification to authorities.

Charles Shaw
(Signature of Plaintiff or Authorized Agent)

The plaintiff's attorney shall file an entry of appearance with the magisterial district court pursuant to Pa.R.C.P.M.D.J. 207.1

If you intend to enter a defense to this complaint, you should notify this office immediately at the above telephone number. You must appear at the hearing and present your defense. Unless you do, judgment may be entered against you by default.

If you have a claim against the plaintiff which is within the magisterial district judge jurisdiction and which you intend to assert at the hearing, you must file it on a complaint form at this office at least five days before the date set for the hearing.

RECEIVED
2015 OCT 11 AM 10:48
DISTRICT COURT
MDJ-15-1-03

If you are disabled and require a reasonable accommodation to gain access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.

CHILCO COUNTY COMMUNITY DENTAL CENTER
 744 E. Lincoln Highway, Suite 120, Coatesville, PA 19320
 (610) 383-3888

DATE 6/25/14 HOME PHONE ()
 PATIENT CHARLES S. SHAW CELL PHONE (215) 990-7537
 STREET ADDRESS [REDACTED] E-MAIL css2653@yahoo
 CITY Coatesville STATE PA ZIP 19320 SEX M F
 **SOCIAL SECURITY # [REDACTED] 5272 BIRTH DATE [REDACTED] 1953

MEDICAL HISTORY

PHYSICIAN'S NAME McCabe, Dr. Kevin DATE OF LAST PHYSICAL _____
 ARE YOU UNDER THE CARE OF A PHYSICIAN? YES NO IF SO, FOR WHAT? High Blood Pressure
 HAVE YOU EVER HAD ANY OF THE FOLLOWING? (MARK ALL THAT APPLY)

- | | | |
|--|---|--|
| <input type="checkbox"/> Acid Reflux/GERD | <input type="checkbox"/> Endocarditis | <input type="checkbox"/> Multiple Sclerosis |
| <input type="checkbox"/> Aids/HIV Positive | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Osteoporosis |
| <input checked="" type="checkbox"/> Allergies | <input type="checkbox"/> Excess Bleeding | <input type="checkbox"/> Pace Maker |
| <input type="checkbox"/> Arthritis/Gout | <input type="checkbox"/> Eye Problems Glaucoma | <input type="checkbox"/> Parkinson's Disease |
| <input type="checkbox"/> Artificial Heart Valve | <input type="checkbox"/> Cataracts | <input type="checkbox"/> Neurological Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Psychiatric Care |
| <input type="checkbox"/> Atrial Fibrillation | <input type="checkbox"/> Heart Disease/Problems | <input type="checkbox"/> Respiratory Disease |
| <input type="checkbox"/> Blood Disorders/Disease | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Rheumatic Fever |
| <input checked="" type="checkbox"/> Blood Pressure <u>High</u> Low | <input type="checkbox"/> Hepatitis A B C | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Hip/Knee-Replacement | <input type="checkbox"/> Stroke - When _____ |
| <input checked="" type="checkbox"/> Chemical/Drug | <input type="checkbox"/> When _____ | <input type="checkbox"/> Thyroid Disease |
| Dependency <u>Not Clean</u> | <input type="checkbox"/> Immune Disorders | <input type="checkbox"/> Transplants |
| <input type="checkbox"/> Chemotherapy/Radiation | <input type="checkbox"/> Kidney Disease | What _____ |
| <input type="checkbox"/> Circulation Problems | <input type="checkbox"/> Leukemia | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Colitis | <input type="checkbox"/> Lyme Disease | <input type="checkbox"/> Ulcer |
| <input type="checkbox"/> Diabetes: Type 1 Type 2 | <input type="checkbox"/> Migraine | <input type="checkbox"/> Venereal Disease |
| <input checked="" type="checkbox"/> Emotional Problems | <input type="checkbox"/> Mitral Valve Prolapse | |

PLEASE LIST ALL MEDICATIONS:

Aspirin
Lisinopril
Amlodipine
Doxazosin Mesylate

PLEASE LIST ALL ALLERGIES

HAVE YOU EVER RESPONDED ADVERSELY TO MEDICAL OR DENTAL TREATMENT? YES NO
 (WOMEN) DO YOU SUSPECT THAT YOU ARE PREGNANT? Y N DUE DATE _____ ARE YOU NURSING? Y N
 TAKING BIRTH CONTROL PILLS? YES NO
 IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR MEDICAL HISTORY? _____

****PLEASE TURN THIS PAGE OVER AND COMPLETE FORM****

PATIENT'S NAME

Charles Shaw

DATE OF BIRTH

1953

DATE	TOOTH/ SURFACE	ANESTHETIC GIVEN	TREATMENT	DR.
MEDICAL ALERT				
High Blood Pressure				
3/25/09			Initial exam 4BLX 3FAG	m Rak
			Refer OS-Ext 15, 16. NV-Prophy + PA 18, 31.	
4/16/09			Prophy PA 18 PA 31 NV-10/09/09	Rak
			MR. Shaw presented w/o Proof of insurance	
			apmt. was filed on 3-25-09 visit	
			to have these super Val W + Km D.	
			decreased statement + told w/ he wanted	
			to return he would have to pay.	
6/25/14			Exam Prophy 4BLX-Digital	Rak (ca)
			Cavifron Oral Cancer Screening	
2/24/15			Dentrix	

ITEM 07-0218781/07003

PATIENT NUMBER PAGE

PROGRESS NOTES

CLINICAL NOTES REPORT

ALL NOTES

2/23/2015 - 10/12/2015 Note Date

Clinics: <ALL>

Providers: <ALL>

Encounters: <ALL>

Report Date: 10/12/2015

Report Generated By: OMSULLIVAN

Page 1 of 4

Shaw, Charles

BIRTHDATE

CHART

SSN

HOME PHONE

1953

71902-1

5272

DATE: 02/24/2015

NOTE#0

Page 1

ENCOUNTER:

Time

Provider

Clinic

Status

8:32:22AM

DRBARROSO

COATESVILL

Approved

Medical Alert: Allergies

High Blood Pressure

Medications: Aspirin 81mg

Lisinopril

Amlodipine

Other

Allergies: NONE

Since Last Visit: Medical Alert: No Change

Medications: No Change

Allergies: No Change

Pain Scale Type: Numeric Pain ScalePain Level: 0

Description: PERIODIC EXAM, ADULT PROPHY, ORAL CANCER SCREENING, PERIO CHARTING

CAVITRON AND HAND INSTRUMENTS, CONSTANT STRUGGLE WITH PT'S TONGUE

DISCUSSED PT'S PREVIOUS TREATMENT PLAN WHICH WAS NOT STARTED AND IMPORTANCE OF COMPLETING RESTORATIONS.

BAR/KAK

NV FILL 12-DO

----- Signed on Tuesday, February 24, 2015 at 9:18:13 AM -----

----- Provider: DRBARROSO - Sofia Barroso, DMD -- Clinic: COATESVILL -----

DATE: 03/30/2015

NOTE#0

Page 1

ENCOUNTER:

Time

Provider

Clinic

Status

11:03:05AM

DRBARROSO

COATESVILL

Approved

Medical Alert: Allergies
 High Blood Pressure
 Medications: Aspirin 81mg
 Lisinopril
 Amlodipine
 Other
 Allergies: NKDA
 Since Last Visit: Medical Alert: No Change
 Medications: No Change
 Allergies: No Change
 Pain Scale Type: Numeric Pain ScalePain Level: 0
 Description:
 RMH.
 Local anesthesia: Mepi 3%
 Carpules # 1
 Anesthesia technique: Infiltration
 Tooth # 12
 Surfaces: DO
 Description: Carious removal, tooth prepped, Vitrebond, Acid etch with 38% phosphoric acid, bonding and resin composite placed. Finished, polished and occlusion checked.
 Shade: C-3
 EFDA: Terry
 NV: #13-MO
 Dr. Barroso

----- Signed on Monday, March 30, 2015 at 12:28:23 PM -----
 ----- Provider: DRBARROSO - Sofia Barroso, DMD -- Clinic: COATESVILL -----

DATE: 04/20/2015

NOTE#0
 Page 1

ENCOUNTER:

Time	Provider	Clinic	Status
10:07:45AM	DRSTONE	COATESVILL	Approved

Medical Alert: Allergies
 High Blood Pressure
 Medications: Aspirin 81mg
 Lisinopril
 Amlodipine
 Other
 Allergies:
 Since Last Visit: Medical Alert: No Change
 Medications: No Change
 Allergies: No Change
 Pain Scale Type: Numeric Pain ScalePain Level: 0
 Description:
 3% Carbocaine x 1.
 Caries removal on #13 MO, Vitrebond, etch,prime and bond, composite C3, finishing and polishing.
 Occlusion was checked.
 NV: #2 DO

----- Signed on Monday, April 20, 2015 at 10:53:41 AM -----
 ----- Provider: DRSTONE - Paula Stone, DMD -- Clinic: COATESVILL -----

DATE: 05/18/2015

NOTE#0
 Page 1

ENCOUNTER:

Time	Provider	Clinic	Status
10:30:27AM	DRBARROSO	COATESVILL	Approved

Medical Alert: Allergies
 High Blood Pressure
 Medications: Aspirin 81mg
 Lisinopril
 Amlodipine
 Other
 Allergies:
 Since Last Visit Medical Alert: No Change
 Medications: No Change
 Allergies: No Change
 Pain Scale Type: Numeric Pain Scale Pain Level: 0
 Description:
 2% Lidocaine 1:100,000 EPI x 1.
 Caries removal on #2 DOL, Vitrebond, etch, prime and bond, composite C3, finishing and polishing. EFDA
 Occlusion was checked.
 NV: #3 O

--- Signed on Monday, May 18, 2015 at 1:16:36 PM ---
 --- Provider: DRSTONE - Paula Stone, DMD -- Clinic: COATESVILL ---

DATE: 06/03/2015

NOTE#0
 Page 1

ENCOUNTER:

Time	Provider	Clinic	Status
8:22:26AM	DRBARROSO	COATESVILL	Approved

Medical Alert: Allergies
 High Blood Pressure
 Medications: Aspirin 81mg
 Lisinopril
 Amlodipine
 Other
 Allergies: NKDA
 Since Last Visit Medical Alert: No Change
 Medications: No Change
 Allergies: No Change
 Pain Scale Type: Numeric Pain Scale Pain Level: 0
 Description:
 RMH.
 Local anesthesia: Mepi 3%
 Carpules # 1
 Anesthesia technique: Infiltration
 Tooth # 3
 Surfaces: O
 Description: Carious removal, tooth prepped. Vitrebond. Acid etch with 38% phosphoric acid, bonding and resin composite placed. Finished, polished and occlusion checked.
 Shade: A-2
 NV: #16-O
 Dr. Barroso
 DA: Carol

--- Signed on Wednesday, June 03, 2015 at 9:26:57 AM ---
 --- Provider: DRBARROSO - Sofia Barroso, DMD -- Clinic: COATESVILL ---

DATE: 07/09/2015

NOTE#0
 Page 1

ENCOUNTER:

Time	Provider	Clinic	Status
8:25:17AM	DRBARROSO	COATESVILL	Approved

Medical Alert: Allergies
High Blood Pressure
Medications: Aspirin 81mg
Lisinopril
Amlodipine
Other

Allergies: NKDA
Since Last Visit: Medical Alert: No Change
Medications: No Change
Allergies: No Change

Pain Scale Type: Numeric Pain Scale Pain Level: 0

Description: Pt came to the appt today very confused about his dental treatment which was explained in the past, he was blaming us for doing something different last time we saw him. We explained that we follow same protocol every time we do restorative. We was doubtful about decay on #16 that we showed him with a mirror before starting. At the end of the appt he said that the only black spot he saw was the amalgam on #14 and not the cavity on #16 besides we showed him before. The conclusion is that he is very hesitant to dental treatment and approaching us different, Pt might have any emotional or mental disorder not informed or diagnosed yet. RMH.

Local anesthesia: Mepi 3%

Carpules # 1

Anesthesia technique: Infiltration

Tooth # 16

Surfaces: O

Description: Carious removal, tooth prepped. Vitrebond. Acid etch with 38% phosphoric acid, bonding and resin composite placed. Finished, polished and occlusion checked.

Shade: A-2

EFDA: Terry

NV: Recall

Dr. Barroso

DA: Bernie

----- Signed on Thursday, July 09, 2015 at 10:42:08 AM -----

----- Provider: DRBARROSO - Sofia Barroso, DMD -- Clinic: COATESVILL -----

Name		Tooth		Service Planned	
Date	Tooth	Date	Tooth	Date	Tooth
15 Oct	15	15 Oct	15		
16 Oct	16	16 Oct	16		
18 Oct	18	18 Oct	18		
31 Oct	31	31 Oct	31		
15 Nov	15	15 Nov	15		
16 Nov	16	16 Nov	16		
18 Nov	18	18 Nov	18		
31 Nov	31	31 Nov	31		

CLINICAL NOTES REPORT

ALL NOTES

7/9/2015 - 10/12/2015 Note Date

Clinics: <ALL>

Providers: <ALL>

Encounters: <ALL>

Report Date: 10/12/2015

Report Generated By: OMSULLIVAN

Page 1 of 1

Shaw, Charles

BIRTHDATE

CHART

SSN

HOME PHONE

1953

71902-1

5272

DATE: 07/09/2015

NOTE#0

Page 1

ENCOUNTER:

Time

Provider

Clinic

Status

8:25:17AM

DRBARROSO

COATESVILL

Approved

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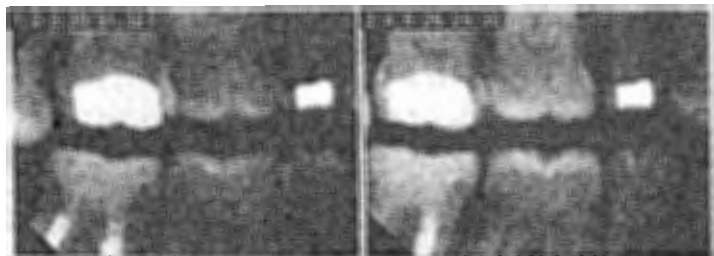
----- Appended on Monday, October 12, 2015 at 10:26:21 AM -----

----- Provider: DRBARROSO - Sofia Barroso, DMD -- Clinic: COATESVILL -----

In the previous note I wrote "We explained that we follow same protocol every time we do restorative. We was doubtful about decay on #16 that we showed him with a mirror before starting.

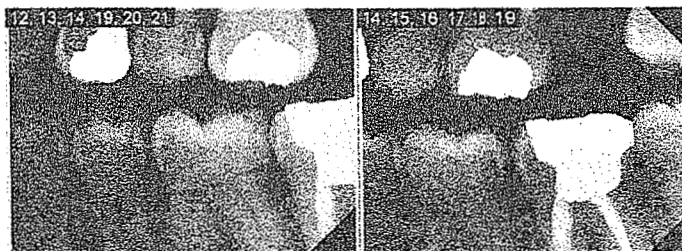
In the part that I wrote" we was doubtful about decay on #16", I meant, He was doubtful about decay on #16, this was a misspelling.

Dr. Barroso



2014/06/25

2014/06/25



2014/06/25

2014/06/25

CHESTER COUNTY COMMUNITY DENTAL
744 E. LINCOLN HIGHWAY, SUITE 120
COATESVILLE, PA 19320
PHONE (610) 383-3888 FAX (610) 383-4688

EXHIBIT 2

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER



Notice of Intent to Defend

Charles Shaw
v.
Sofia Barroso

Mag. Dist. No: MDJ-15-1-03
MDJ Name: Honorable Gregory V. Hines
Address: 256 East Lincoln Highway
Coatesville, PA 19320
Telephone: 610-384-3159

Robert A. Auclair, Esq.
200 N Jackson St
Media, PA 19063-2807

Docket No: MJ-15103-CV-0000063-2015
Case Filed: 9/11/2015

A Civil Action Hearing has been scheduled to be held on/at:

Date: Tuesday, November 24, 2015	Place: Magisterial District Court 15-1-03, Coatesville 256 East Lincoln Highway Coatesville, PA 19320 610-384-3159
Time: 10:00 AM	

PLAINTIFF:

You are hereby notified that the defendant named below has given notice of his/her intent to present a defense at the hearing in the above case.

DEFENDANT(S)
Sofia Barroso

October 16, 2015

Date

Magisterial District Judge Gregory V. Hines



EXHIBIT 3

IN RE: TRANSFER

DISTRICT COURT ORDER 234-2015

In accordance with Rule 112 of the Pennsylvania Rules for Magisterial District Judges, the following case is to be transferred from Magisterial District Court 15-1-03, Magisterial District Judge Gregory V. Hines, to Magisterial District Court 15-4-02, Magisterial District Judge Jeffrey J Valocchi.

CHARLES SHAW

VS

SOFIA BARROSO

CV-63-15

11-17-15
DATE

Jacqueline C. Cody
PRESIDENT JUDGE

RECEIVED
2015 NOV 17 PM 12:39
DISTRICT COURT
15-1-03

RECEIVED
5 NOV 19 AM 10:48
DISTRICT COURT
15-4-02

EXHIBIT 4

COMMONWEALTH OF PENNSYLVANIA
COUNTY OF CHESTER



Civil Action Hearing Notice

Charles Shaw
v.
Sofia Barroso

Mag. Dist. No: MDJ-15-4-02
MDJ Name: Honorable Jeffrey J. Valocchi
Address: 231 Boot Road
Downingtown, PA 19335
Telephone: 610-269-5250

Robert A. Auclair, Esq.
200 N Jackson St
Media, PA 19063-2807

Docket No: MJ-15402-CV-0000298-2015
Case Filed: 9/11/2015

A civil complaint has been filed against you in the above captioned case.

A Civil Action Hearing has been scheduled to be held on/at:

Date: Monday, January 4, 2016	Place: Magisterial District Court 15-4-02, Thorndale 231 Boot Road Downingtown, PA 19335 610-269-5250
Time: 2:00 PM	

Notice To Defendant

If you intend to enter a defense to this complaint, you should so notify this office immediately at the above telephone number.

You must appear at the hearing and present your defense. Unless you do, judgment may be entered against you by default.

If you have a claim against the plaintiff which is within magisterial district judge jurisdiction and which you intend to assert at the hearing, you must file it on a complaint form at this office at least five days before the date set for the hearing.

Pursuant to Pa.R.C.P.M.D.J. No. 342(B)(2), no claim by the defendant will be permitted in a supplementary action filed for failure of judgment creditor to enter satisfaction.

Notice To Plaintiff

Pursuant to Pa.R.C.P.M.D.J. No. 318, you or your attorney will be notified if the defendant gives notice of his/her intention to defend.

If you are disabled and require a reasonable accommodation to gain access to the Magisterial District Court and its services, please contact the Magisterial District Court at the above address or telephone number. We are unable to provide transportation.

EXHIBIT 5

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

CHARLES SHAW,

Plaintiff,

v.

DR. SOFIA BARROSO,

Defendant.


:
:
:
:
:
:
:
:

CIVIL ACTION NO.

CERTIFICATION OF SCOPE OF EMPLOYMENT

I, ZANE DAVID MEMEGER, United States Attorney, in and for the Eastern District of Pennsylvania pursuant to the provisions of 28 U.S.C. § 233(l)(1), and by virtue of the authority vested in me by the Attorney General of the United States under 28 C.F.R. Section 15.4(a), hereby certify that:

- 1) I have read the correspondence prepared in anticipation of litigation¹ in the above-captioned action; and,
- 2) Based on information in the correspondence I reviewed, the dental care at issue in plaintiff's complaint involved Sophia Barroso, D.M.D.,
- 3) The above-described correspondence shows that Dr. Barroso was a deemed employee of the Public Health Service with respect to the actions or omissions that are the subject of the above captioned action.


ZANE DAVID MEMEGER
United States Attorney

DATED: December 18, 2015

¹ Disclosure of certain factual representations from correspondence to the United States Attorney's Office does not waive work product and attorney-client privilege regarding the rest of the correspondence furnished to the United States Attorney's Office in anticipation of litigation. Work product and attorney-client privilege as to the rest of the correspondence is especially preserved.